

STATEMENT OF ORGANIZATION  
FOR CANDIDATE COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES.  
SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

Seq # 2002156001



1. Committee Identification No. <u>137077</u>	
2. Type of Filing a. <input type="checkbox"/> Original OR b. <input checked="" type="checkbox"/> Amendment to Item(s) # <u>8, 11</u> c. Date Change(s) Took Place <u>5/29/02</u>	
3. Full Name Of Committee (must include candidate's first and last name) <u>Committee to Elect Jeanne Marie Clark</u>	
4. Candidate Last Name <u>Clark</u>	First Name <u>Jeanne Marie</u> M.I.
4a. County of Residence <u>Macomb</u> 4b. Political Party (If applicable)	
4c. Driver License # (Optional)	
4d. Office Sought: (Check one)	
<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Records Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court	
4e. District # or Jurisdiction <u>8</u>	<input checked="" type="checkbox"/> Local or Other (Please Specify <u>County Commissioner</u> )
5. Date Committee Was Formed <u>5/10/02</u> (Mo/Day/Yr)	6. Committee Area Code and Phone Number <u>586.264.4726</u>
7. Committee Mailing Address (May be P. O. Box) Include Zip Code <u>P.O. Box 7151</u> <u>STERLING HEIGHTS, MI 48310</u>	7a. Committee Street Address (May not be P. O. Box) <u>34871 AQUARIUS B.159</u> <u>STERLING HEIGHTS MI 48310</u>
8. <b>Treasurer.</b> Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please include Zip Code.) <u>JEANNE MARIE CLARK</u> <u>34871 AQUARIUS B.159</u> <u>STERLING HEIGHTS, MI 48310</u> <u>586.264.4726</u>	9. <b>Designated Record keeper.</b> Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.
Area Code and Phone    Driver License # (Optional)	Area Code and Phone    Driver License # (Optional)
10. <input type="checkbox"/> <b>REPORTING WAIVER</b> The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. <b>Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.</b>	
11. Names and Addresses of depositories or intended depositories of committee funds. (Bank, Credit Union or Savings & Loan Association)	12. This item applies only to a Gubernatorial Candidate Committee.
11a. Official Depository: <u>Standard Federal Bank</u> <u>Gratiot, Clinton Twp., MI</u> 11b. Secondary Depository: <u>48310</u>	<input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.	
Current <u>JEANNE MARIE CLARK</u> <u>Jeanne Marie Clark</u> Treasurer <u>Lisa Ann Ruchinski</u> <u>Lisa Ann Ruchinski</u> Type or Print Name    Signature    Date <u>05/29/02</u> Mo. Day Year	
Candidate <u>Jeanne Marie Clark</u> <u>Jeanne Marie Clark</u> Type or Print Name    Signature    Date <u>05/29/02</u> Mo. Day Year	

MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONSSTATEMENT OF ORGANIZATION  
FOR CANDIDATE COMMITTEESTYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES.  
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Committee Identification No. <u>137077</u>		
1. Type of Filing a. <input checked="" type="checkbox"/> Original OR b. <input type="checkbox"/> Amendment to Item(s)# c. Date Change(s) Took Place <u>1</u> / <u>1</u> / <u>1</u>		
2. Full Name Of Committee (must include candidate's first and last name) <u>Jeanne Committee to Elect Jeanne Marie Clark</u>		
3. Candidate Last Name <u>Clark</u> First Name <u>Jeanne Marie</u> M.I. <u></u>		
4a. County of Residence <u>Macomb</u> 4b. Political Party (If applicable) <u>Republican</u>		
4c. Driver License # (Optional) <u></u>		
4d. Office Sought: (Check one)		
<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Records Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court		
4e. District # or Jurisdiction <u>8</u> <input checked="" type="checkbox"/> Local or Other (Please Specify <u>County Commissioner</u> )		
5. Date Committee Was Formed <u>5/10/02</u> (Mo/Day/Yr)		6. Committee Area Code and Phone Number <u>586.264.4726</u>
7. Committee Mailing Address (May be P. O. Box) Include Zip Code <u>PO BOX 7151</u> <u>STERLING HEIGHTS MI 48310</u>		7a. Committee Street Address (May not be P. O. Box) <u>34871 AQUARIUS B 159</u> <u>STERLING HEIGHTS MI 48310</u>
8. Treasurer, Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please include Zip Code.) <u>Kuchinski, Lisa A</u> <u>34871 AQUARIUS B 159</u> <u>STERLING HEIGHTS, MI 48310</u>		9. Designated Record Keeper, Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. <u></u>
Area Code and Phone <u></u> Driver License # (Optional) <u></u>		Area Code and Phone <u></u> Driver License # (Optional) <u></u>
10. <input type="checkbox"/> REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.		
11. Names and Addresses of depositories or intended depositories of committee funds. (Bank, Credit Union or Savings & Loan Association) <u>TCF</u> <u>GRATIOT, CLINTON TOWNSHIP MI</u> <u>48036</u>		12. This item applies only to a Gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
13. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief.		
Current Treasurer <u>Lisa Ann Kuchinski, Lisa Anne Kuchinski</u> Date <u>05/09/02</u> Type or Print Name Signature Mo. Day Year		
Candidate <u>Jeanne Marie Clark, Jeanne Marie Clark</u> Date <u></u> Type or Print Name Signature Mo. Day Year		